



CITY OF SAN ANTONIO
**NEIGHBORHOOD & HOUSING
SERVICES DEPARTMENT**



The Under 1 Roof Program replaces worn and damaged roofs with new, energy-efficient **white** shingle roofs for qualified homeowners. The City will place a restrictive covenant on the property requiring homeowners to maintain ownership and occupancy for 5 years after project completion.

TO APPLY:

For health and safety, you are encouraged to submit applications and required documentation to:
Neighborhood & Housing Services Department

Attn: Under One Roof

1400 S. Flores, San Antonio, TX, 78204

To minimize lobby traffic, any in-person submissions must be made by appointment.

For questions or to schedule an appointment, call: 210-207-6459

www.sanantonio.gov/NHSD/Programs/Repair

PROGRAM ELIGIBILITY REQUIREMENTS

*Final eligibility is determined upon site visit and roof assessment.

- ☐ Property must be a single-family home within San Antonio city limits (Districts 1-10)
- ☐ Homeowner must have a current year Homestead Exemption on the property
- ☐ Homeowner must be current on property taxes, payment plan, or have an active deferral
- ☐ Homeowner must be a US citizen or Legal Resident
- ☐ Property must be **solely** owned and occupied (all owner(s) must reside there)
- ☐ Homeowner must have clear title with no federal or state tax liens or judgments
- ☐ Home must be less than 1,700 sq. ft.
- ☐ Household gross income must not exceed 80% of the Area Median Income (AMI) as established by HUD, **unless** the homeowner is over 62 years old, disabled, or a veteran
 - ☐ Homeowners who are over 62 years old, disabled, or veterans do not have to meet income limits to qualify, but are still required to submit income documentation.
- ☐ Property **must not** have metal roof, gravel roof, clay tiles, or wood shingles
- ☐ If insured, homeowner must not have received insurance payout for full roof replacement claims in the last five (5) years. Claim documentation must be submitted.

HUD 2020 Income Limits

Family Size	1	2	3	4	5	6	7	8
Annual Income	\$40,350	\$46,100	\$51,850	\$57,600	\$62,250	\$66,850	\$71,450	\$76,050

Application Effective 03/26/2021

PROGRAM GUIDELINES

1. All complete applications will be processed in the order they are received, until funding is exhausted. ***Under 1 Roof is not an emergency roof replacement program and application processing can take up to eight months, depending on demand.***
2. Final eligibility is determined upon roof assessment performed at the property by City staff, third-party inspector, or contractor.
3. Roofs requiring structural repairs **are not eligible** for Under 1 Roof.
4. Properties in need of significant repairs or full rehabilitation may be denied from the program.
5. All Under 1 Roof projects use white, 3-tab asphalt shingles and reflective radiant barrier underlayment to increase energy savings and overall energy efficiency of the home.
6. Roof replacement is limited to the primary house on the property. Roofing on detached structures will not be replaced (no detached garages, car ports, sheds, etc.).
7. Under 1 Roof is one-time grant, not to exceed \$14,000 per household.
8. City staff will review insurance claim history from the last five years to confirm eligibility.

APPLICATION CHECKLIST & REQUIRED DOCUMENTS

All submitted applications must include:

- ❑ Completed application with all fields filled in and signatures on each of the following:
 - Restrictive Covenant Acknowledgment (page 3)
 - Consent to Release of Information & Photographs (page 4)
 - Release of All Claims and Indemnity Agreement (pages 5-6)
 - Program Application (pages 7-8)
- ❑ Copy of current picture ID or driver's license for all homeowners
- ❑ Household income documentation for **all adult occupants**, including those who do not have to meet income limits due to senior, disability, or veteran status.

Applicable Income Documentation:

- Three (3) months' worth of consecutive, current paystubs
- If self-employed, copy of most recent Income Tax Return
- Current award letter from any state or federal assistance programs stating the current amount being awarded (Social Security, TANF, Medicaid, etc.)
- Documentation from the supportive agency stating the current amount being received or awarded for all occupants receiving retirement benefits, child support, annuities, etc.
- ❑ **IF** currently insured, a copy of property insurance declaration page
- ❑ **IF** property tax account has an active deferral or payment plan, proof of current payment



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1400 S Flores, San Antonio Texas 78204, 210-207-6459

RESTRICTIVE COVENANT ACKNOWLEDGEMENT

NAME: _____

ADDRESS: _____

If qualified, I understand the City of San Antonio will place a Restrictive Covenant, signed by myself as the homeowner, requiring homeowner(s) to maintain property ownership and occupancy for five years from project completion. I understand that if the terms of the Restrictive Covenant are violated, the homeowner(s) will be required to immediately repay a prorated portion of the Grant Funds, calculated by reducing the total Grant Funds by one-fifth (1/5) for each full year that the homeowner(s) complied with every provision of the Restrictive Covenant.

I have read and understand the above:

Homeowner - Signature and Date

Homeowner - Signature and Date



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CONSENT TO RELEASE INFORMATION & PHOTOGRAPHS

NAME: _____

ADDRESS: _____

In connection with the Neighborhood and Housing Service Department and as part of the application process for services, I hereby authorize the release of my information to the City of San Antonio, Neighborhood and Housing Services Department (City).

The information requested will assist me to qualify for City Program(s). A copy of this authorization may be accepted as an original.

In addition, I grant *City* staff or representative, the right in perpetuity and without compensation to me, to take photographs of my property and use of photographs for program illustration, advertisement, and other City marketing efforts including publications on the City's website, brochures, and presentations.

I have read and understand the above:

Homeowner - Signature and Date

Homeowner - Signature and Date



CITY OF SAN ANTONIO NEIGHBORHOOD & HOUSING SERVICES DEPARTMENT

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PERMISSION TO PERFORM PROPERTY ASSESSMENT AND RELEASE OF ALL CLAIMS AND INDEMNITY AGREEMENT

NAME: _____

ADDRESS: _____

For the purposes of this Agreement, all references to "Owner" shall mean the individual Owner listed above, if a single individual, or all Owners listed above, if more than one individual of the Property identified above (the "Property"). In the case of multiple Owners, the representations and agreements made in this Agreement are made by the Owners jointly and severally (together and each on their own).

Owner has submitted a written application to the City of San Antonio ("City") for services under the Under 1 Roof Program (the "Program") and has authorized the City to determine Owner's eligibility for the Program. Owner understands that the Program could involve roof and exterior house preparation.

In consideration of (I) the City's acceptance of an application for assistance under the Program; (II) the City's provision of assistance under the Program if Owner is deemed eligible and is approved; (III) the performance of a Property assessment at no cost to the Owner to determine eligibility for the Program; and (IV) the enhancement of the value of Owner's Property, the Owner makes the following representations and agrees to the following:

1. Owner understands that the City will send one or more individual(s) to assess Owner's Property to determine if the Property meets established guidelines for assistance under the Program. Owner gives permission for the City Assessors and its contractor(s) to examine the exterior of the Property, and also to enter the Property, if necessary, to perform all assessments. Owner understands that the initial assessment may lead to a need to enter the Property to determine the extent or source of damage or problems necessitating the replacement of the roof.
2. Owner agrees and understands that the Property assessment is just a part of the process to determine Owner's eligibility under the Program and does not signify that Owner's application is approved by the City.
3. Owner understands that work and services provided under the Program involving roof repairs and exterior house may in certain rare instances be dangerous and might result in injury, property damage, or death.

4. If the Property is covered by a homeowners insurance policy and Owner makes a claim under such policy for any personal injury or damage to the Property suffered by Owner in connection with any activities under the Program, including the Property assessment and Work provided for the Property, Owner agrees to pay any deductible and will not look to the City of San Antonio or any person or entity connected with, or in privity with, the City of San Antonio for payment of such deductible. IF ANY HOMEOWNER'S INSURANCE COMPANY ASSERTS A CLAIM AGAINST THE CITY OF SAN ANTONIO FOR SUBROGATION, OWNER PROMISES TO INDEMNIFY, PROTECT AND DEFEND THE CITY OF SAN ANTONIO AGAINST ANY SUCH CLAIM.
5. Owner does hereby release, waive, acquit and forever discharge the City of San Antonio, its employees, agents, officers, officials, volunteers, contractors or other persons connected with, or in privity with, the City of San Antonio, of and from any and all claims, rights and causes of action which Owner, Owner's representatives, heirs, estate, successors and assigns may ever have or claim as a result of any injury, death, property damage or other damage suffered by Owner as a result of Owner receiving any services under the Program.
6. FOR THE CONSIDERATION MENTIONED ABOVE, OWNER PROMISES TO INDEMNIFY, PROTECT, DEFEND AND HOLD HARMLESS THE CITY OF SAN ANTONIO, ITS EMPLOYEES, AGENTS, OFFICERS, OFFICIALS, VOLUNTEERS, CONTRACTORS OR OTHER PERSONS CONNECTED WITH, OR IN PRIVITY WITH, THE CITY OF SAN ANTONIO FROM AND AGAINST ANY COSTS, CLAIMS, LIENS, DAMAGES, LOSSES, EXPENSES, FEES, FINES, PENALTIES, PROCEEDINGS, ACTIONS, DEMANDS, CAUSES OF ACTION, LIABILITY AND SUITS OF ANY KIND AND NATURE, INCLUDING BUT NOT LIMITED TO, PERSONAL OR BODILY INJURY, DEATH AND PROPERTY DAMAGE, MADE UPON THE CITY DIRECTLY OR INDIRECTLY ARISING OUT OF THE INJURY, DEATH OR PROPERTY DAMAGE ALLEGEDLY SUFFERED BY ANY THIRD PERSON AS A RESULT OF OWNER RECEIVING ANY SERVICES UNDER THE PROGRAM. THE PROVISIONS OF THIS INDEMNIFICATION ARE SOLELY FOR THE BENEFIT OF THE CITY, ITS EMPLOYEES, AGENTS, OFFICERS, OFFICIALS, VOLUNTEERS, CONTRACTORS OR OTHER PERSONS CONNECTED WITH, OR IN PRIVITY WITH, THE CITY OF SAN ANTONIO, AND NOT INTENDED TO CREATE OR GRANT ANY RIGHTS, CONTRACTUAL OR OTHERWISE, TO ANY OTHER PERSON OR ENTITY. OWNER SHALL ADVISE THE CITY IN WRITING WITHIN 24 HOURS OF ANY CLAIM OR DEMAND AGAINST THE CITY OR OWNER KNOWN TO OWNER RELATED TO OR ARISING OUT OF CITY'S ACTIVITIES UNDER PROGRAM.
7. Owner has read and fully understands this Release Agreement and has not been offered any additional consideration or enticement, nor has Owner been coerced to execute same, and the undersigned executes this Agreement fully for the purpose and considerations expressed herein.
8. Owner acknowledges that Owner has had the opportunity to ask questions about this Agreement and understands that it may affect Owner's legal rights.
9. Owner agrees that the language in this Agreement shall, in all cases, be construed as a whole according to its fair meaning and shall not be construed strictly for or against any party.

Homeowner- Signature and Date

Homeowner- Signature and Date

Application Effective 03/26/2021

Office Use Only:

- ☐ Square footage
☐ Taxes
☐ Homestead
☐ District



CITY OF SAN ANTONIO
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Page 7 of 9

UNDER 1 ROOF PROGRAM APPLICATION

Today's Date: _____

My Council District: _____

APPLICANT'S NAME:		DATE OF BIRTH:		CO-APPLICANT:		DATE OF BIRTH:	
ADDRESS (CITY, STATE & <u>ZIPCODE</u>):							
PHONE#:				2 nd PHONE#:			
DRIVER'S LICENSE/ID:		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:		DRIVER'S LICENSE/ID:		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:	
Do you have homeowner's insurance? Yes _____ No _____							
APPLICANT				CO-APPLICANT			
US citizen or permanent resident: Yes _____ or No _____				US citizen or permanent resident: Yes _____ or No _____			
Are you disabled: Yes _____ or No _____				Are you disabled: Yes _____ or No _____			
Are you a veteran: Yes _____ or No _____				Are you a veteran: Yes _____ or No _____			
Are you over the age of 62? Yes _____ or No _____				Are you over the age of 62? Yes _____ or No _____			
What is your Race: _____				What is your Race: _____			
Are you Hispanic: Yes _____ or No _____				Are you Hispanic: Yes _____ or No _____			
List <u>Gross Monthly Income</u> and describe any " <u>Other</u> " income (child support, TANF, etc.)				List <u>Gross Monthly Income</u> and describe any " <u>Other</u> " income (child support, TANF, etc.)			
<u>List Gross Dollar Amount Below:</u>				<u>List Gross Dollar Amount Below:</u>			
Employment: \$				Employment: \$			
Social Security: \$				Social Security: \$			
Retirement: \$				Retirement: \$			
VA, Civil Service: \$				VA, Civil Service: \$			
OTHER: \$				OTHER: \$			
TOTAL INCOME: \$				TOTAL INCOME: \$			

INITIAL below to acknowledge the following information:

_____ Under 1 Roof funds are a ONE-TIME GRANT **not to exceed \$14,000** per household.

_____ If qualified, I understand the City will place a Restrictive Covenant on the property; requiring me to maintain ownership and occupancy for **five years** from project completion.

_____ I understand my property may be found unfeasible if not within the program guidelines.

_____ I understand that although property insurance is not a requirement to apply for assistance, all insured homeowners must submit insurance documentation with the program application.

_____ I certify that I have not made an insurance claim for roof replacement in the last 5 years

_____ I give the City permission to share my contact information with CPS Energy or AACOG to be considered for energy efficient programs such as the Weatherization Program. I understand that I may be contacted by CPS Energy or AACOG staff.

I am interested in receiving up to 2 trees from the City of San Antonio's Parks and Recreation Department at no cost to me
Yes _____ No _____

How many people live in the house? _____ In the area below, provide information for all household members.

NAME	AGE	RELATIONSHIP	GROSS MONTHLY INCOME

Do children under the age of 6 live in the home or spend at least 6 hours per week there?

If so, would you be interested in being referred to the Green & Healthy Homes? Yes _____ No _____.

APPLICANT'S CERTIFICATION: I certify that all information given and furnished in this application is given for the purposes of obtaining assistance through this program. I also certify that all information is true and correct to the best of my knowledge and belief. I authorize the City of San Antonio to contact any source to solicit and/or verify information necessary for any eligibility determination for the purpose of the program. I certify that I am the owner and occupant of the property to be repaired and that the property is my principal residence. I understand that any discrepancy or omission in the information provided may disqualify me from participation in the program.

Applicant's Signature

Date

Co-Applicant's Signature

Date

NEXT STEPS

- Fill out and submit complete application and supporting documentation.
- All applications will be reviewed in order of submission.
- Application is reviewed for completeness, homestead exemption, current taxes, and square footage.
- A Title review will be conducted to confirm 100% ownership of the home.
- After title clearance is confirmed, application will be reviewed for income verification and insurance confirmation, when applicable.
- Homeowner will be contacted by phone or letter regarding application approval or denial or if additional information is needed for processing.
- Once homeowner is qualified, a contractor will review the roof and create an estimate of materials and cost.
- If estimate is approved, the homeowner will be contacted to sign the Program Agreement and Restrictive Covenant before work can be completed.
- Contractor will complete the roof replacement, and Restrictive Covenant will become active for five years.